

New Jersey HIV Care Continuum for those First Diagnosed with HIV in 2011

**New Jersey Department of Health
Division of HIV, STD and TB Services**

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Introduction

- ❑ A goal of the National HIV/AIDS Strategy (NHAS) calls for increased access to care and improved health outcomes for people with HIV.
- ❑ To achieve this goal, high levels of engagement are necessary at every stage in the continuum of care, including HIV testing and diagnosis, linkage to HIV medical care, retention in HIV care, antiretroviral therapy (ART) initiation, and suppressed viral load, which leads to lower HIV transmission rates.
- ❑ Data from the care continuum can be used at the local level for direct action, and to help monitor levels of engagement in key HIV services at both the individual and population levels to identify HIV treatment and/or prevention services in need of improvement.

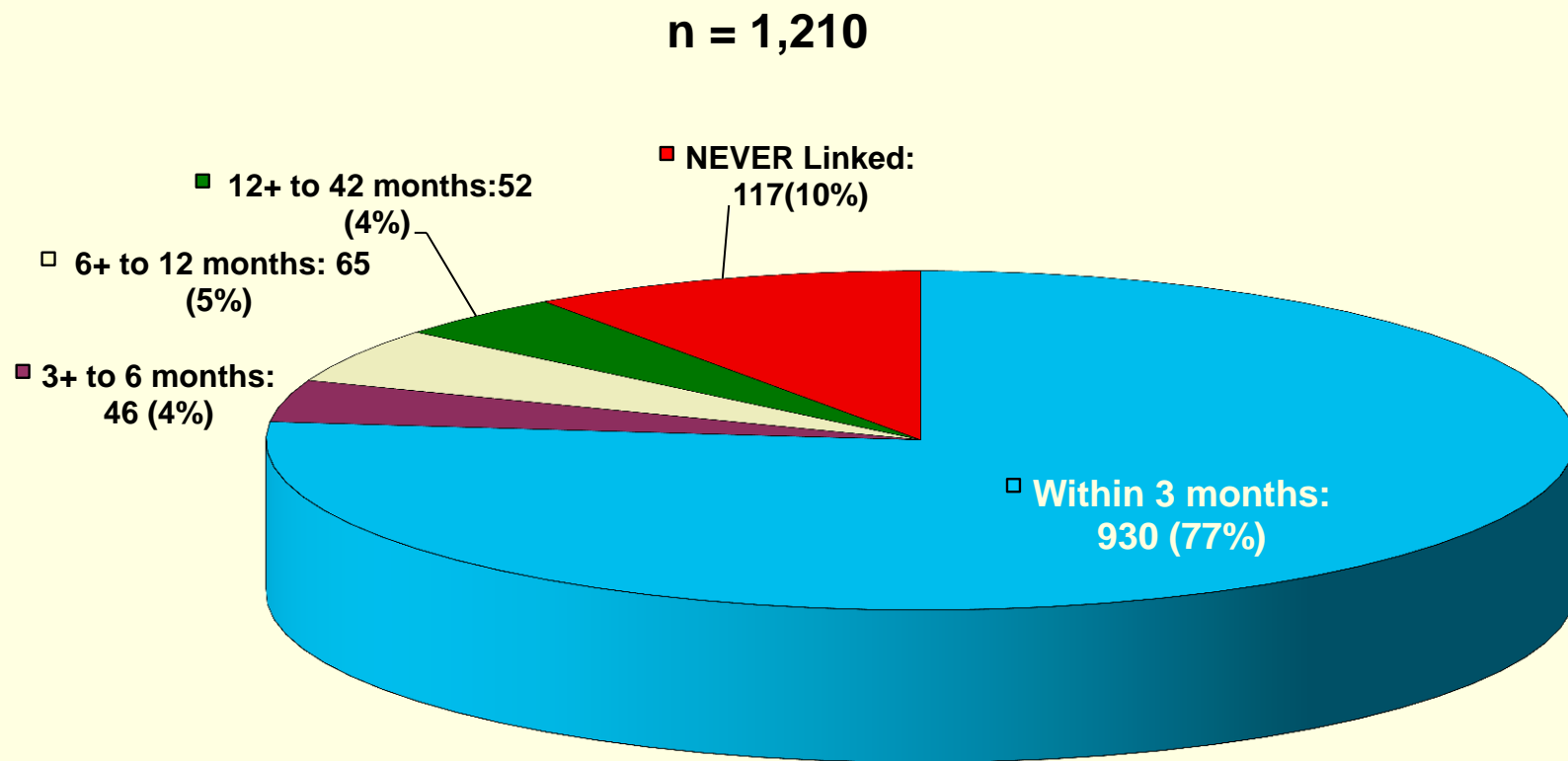
NJ Care Continuum Objectives

- ❑ To estimate the percentages of those diagnosed in 2011 who were first linked to HIV care within 3, 6 or 12 months of diagnosis.
- ❑ To estimate the percentages of these individuals linked to care who lived through 2013 and 1) received any HIV care, 2) were continuously retained in HIV care, and 3) had suppressed viral loads (VLs) in 2013.
- ❑ To present the data both overall, and by race, age, gender and HIV exposure category.

Methods / Definitions

- Study population for linkage to first HIV care = NJ residents diagnosed with HIV in 2011 (n=1,210).
 - Linkage to first HIV care: Newly diagnosed persons in 2011 with their first CD4/VL test within 3, 6, or 12 months of their diagnosis date, or ever had any CD4/VL test through 06/30/2014.
- Study population for retention in care of initially linked persons = NJ residents diagnosed in 2011, and who were linked to first care and still lived in NJ by the end of 2013 (n=998).
 - Received any HIV care: had at least one CD4 or VL or antiretroviral therapy (ART) in 2013
 - Continuously retained in HIV care: had at least two CD4 or VL tests at least three months apart in 2013
 - Virally Suppressed: Most recent VL test in 2013 had a result of ≤ 200 copies/ml

NJ Cases Newly Diagnosed in 2011, by Time to First Linkage to Care

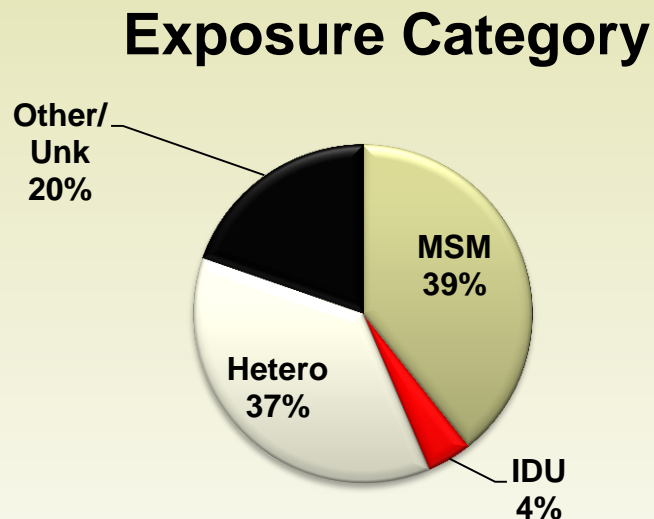
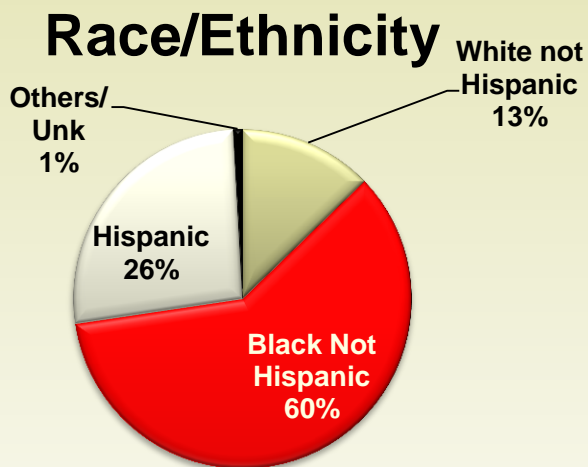
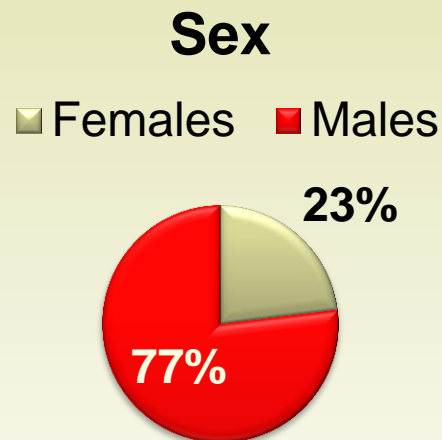
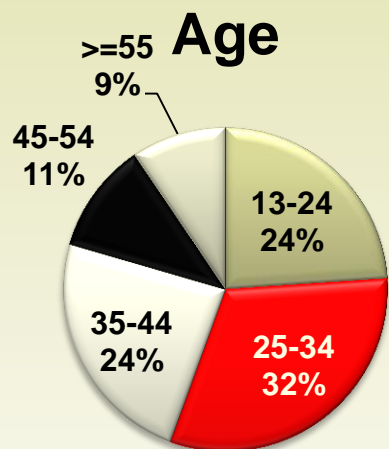


Newly Diagnosed in 2011

First Linked to Care within:

Variable:	#	at 3 months (n=930) %	at 6 months (n=976) %	at 12 months (n=1041) %	EVER- linked (n=1093) %	NEVER- linked (n=117) %
Sex:						
Females	308	74	77	87	91	9
Males	902	78	82	86	90	10
Age at DX						
13-24	195	72	76	82	86	14
25-34	316	77	80	84	88	12
35-44	289	74	79	84	90	10
45-54	272	82	85	90	95	5
55+	138	79	83	90	92	8
Race/Ethnicity:						
Non-Hispanic White	251	82	84	90	94	6
Non-Hispanic Black	591	75	79	83	88	12
Hispanic	343	76	81	87	91	9
Other/Unknown	25	88	88	92	96	4
Exposure Category:						
MSM	404	76	80	85	89	11
IDU	52	79	81	87	90	10
Heterosexual	455	78	81	86	91	9
Other/Unknown(1)	299	76	82	87	92	8
Total	1,210	77	81	86	90	10

Number of Persons by Age, Sex, Race/Ethnicity and Exposure Category For Persons Never Linked to HIV Care (Total N=117)



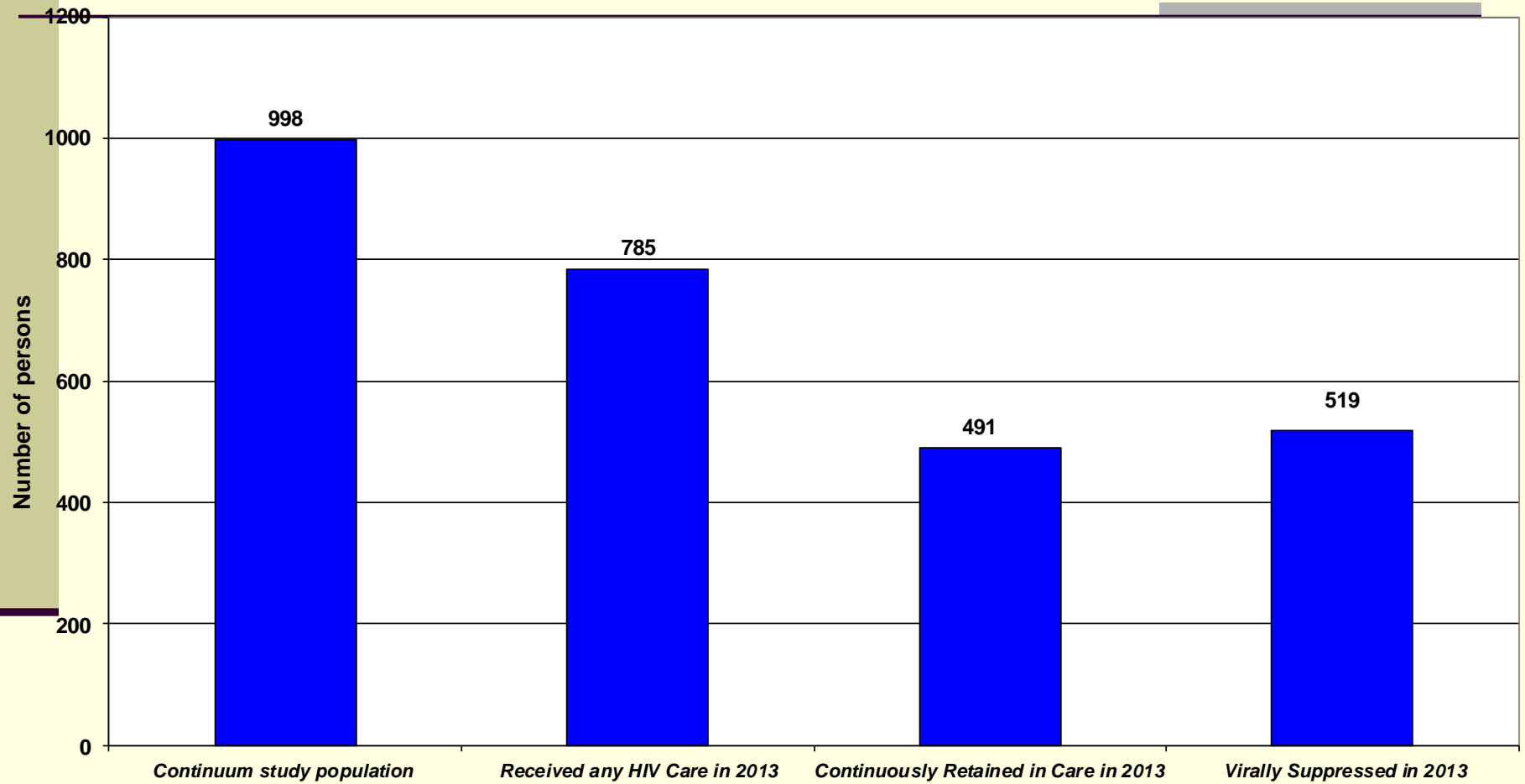
Study Population for Continuum of Care Measures for Persons Diagnosed in 2011 and Ever Linked to Care

- ❑ There were 1,093 persons diagnosed in 2011 and who were ever linked to HIV care by June 30, 2014.
- ❑ To estimate the continuum of care measures in 2013, only those who were still alive and living in NJ by the end of 2013 were available to be included in care during that year.
- ❑ After excluding those who died in 2011, 2012 and 2013, and excluding those with data indicating that they may not have lived in NJ during all of 2013, the resulting study population for calculating the continuum of care measures for 2013 is 998 persons

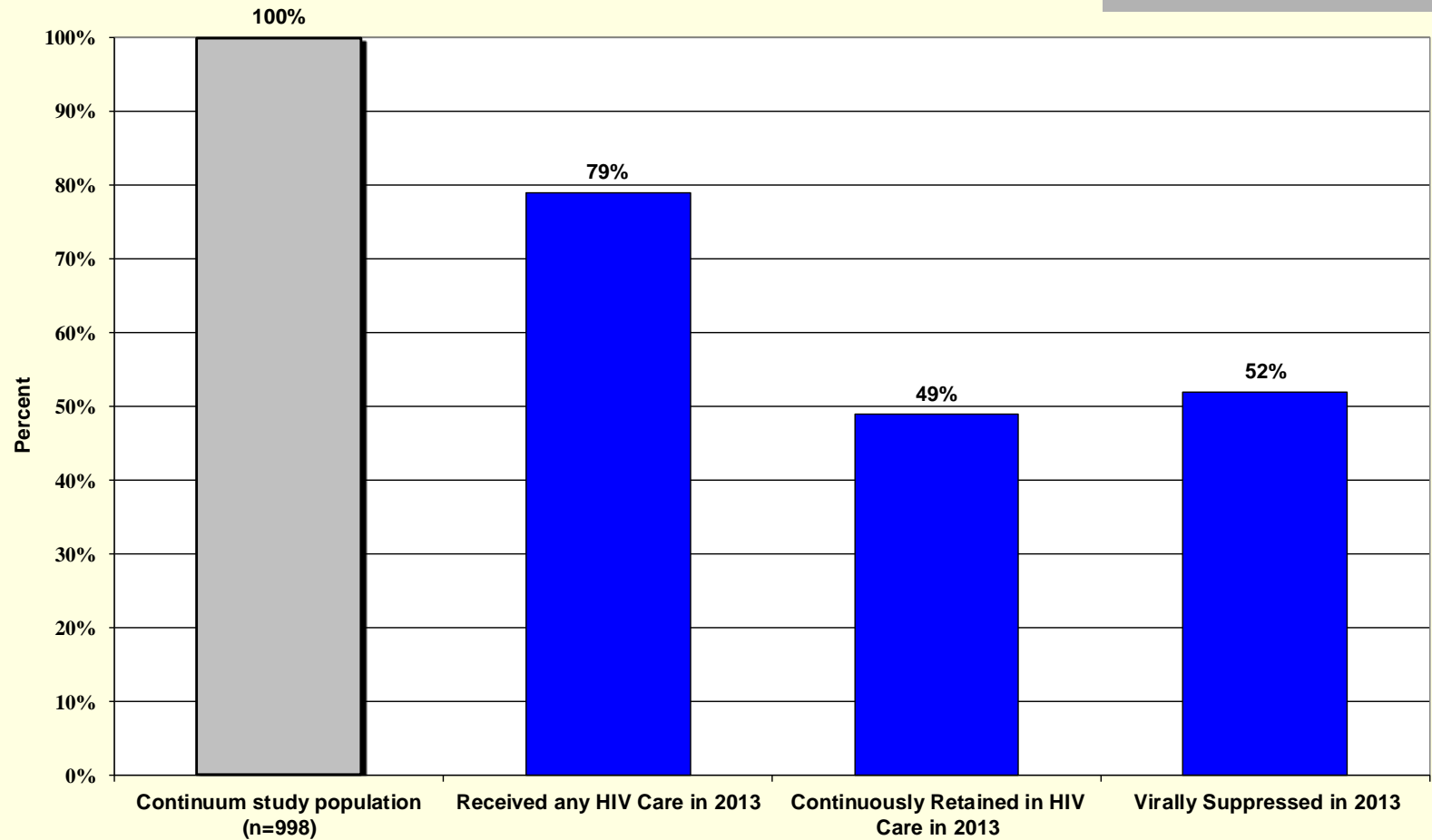
Study Population for Continuum of Care Measures for Persons Diagnosed in 2011 and Ever Linked to Care - continued

- This study population of 998 persons consists of NJ cases newly diagnosed with HIV infection in 2011 and who were first linked to HIV at any time after their diagnosis (through 06/30/2014) and who were alive and residing in NJ throughout 2013.

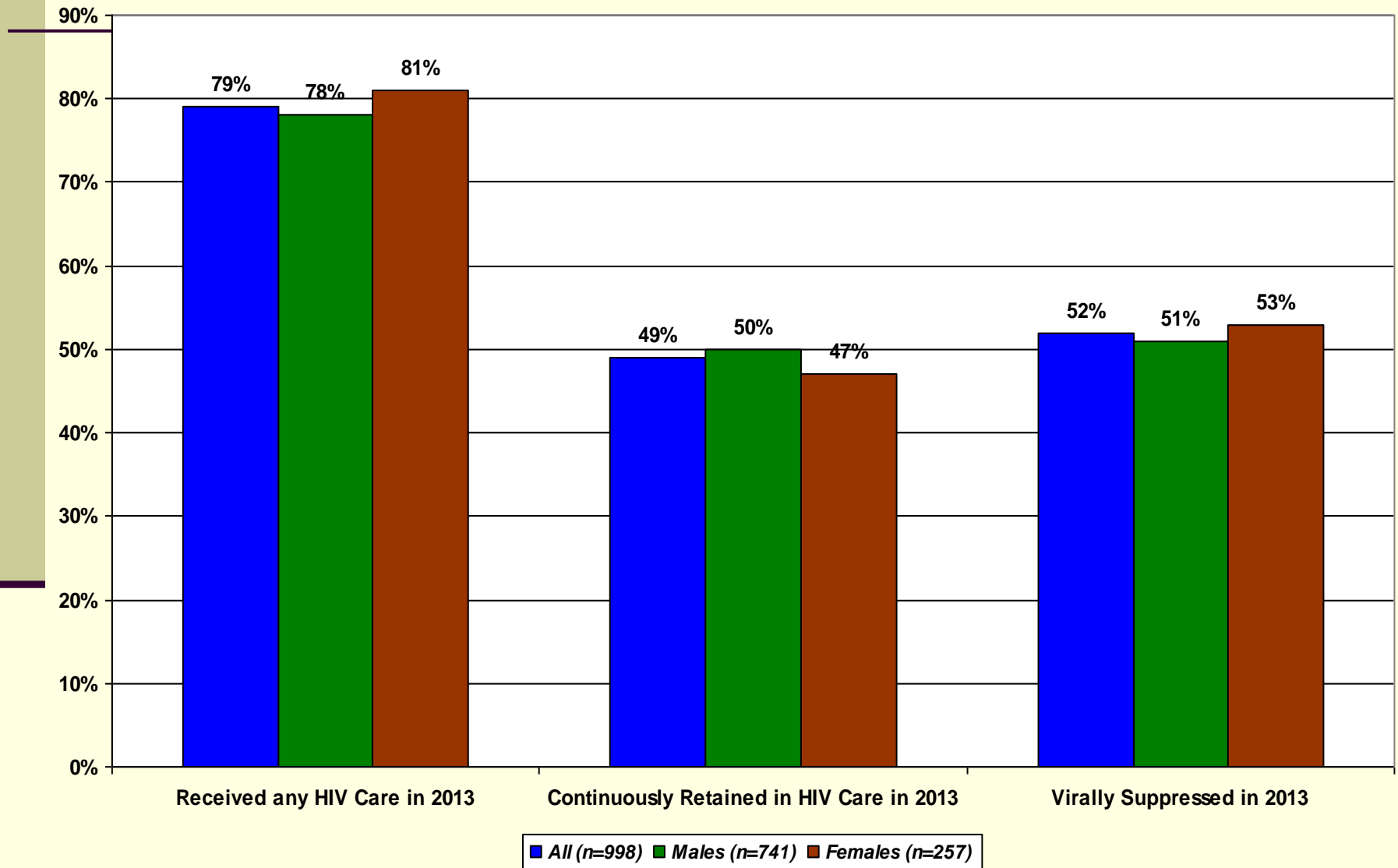
Various Measures of HIV Care in New Jersey: 2013



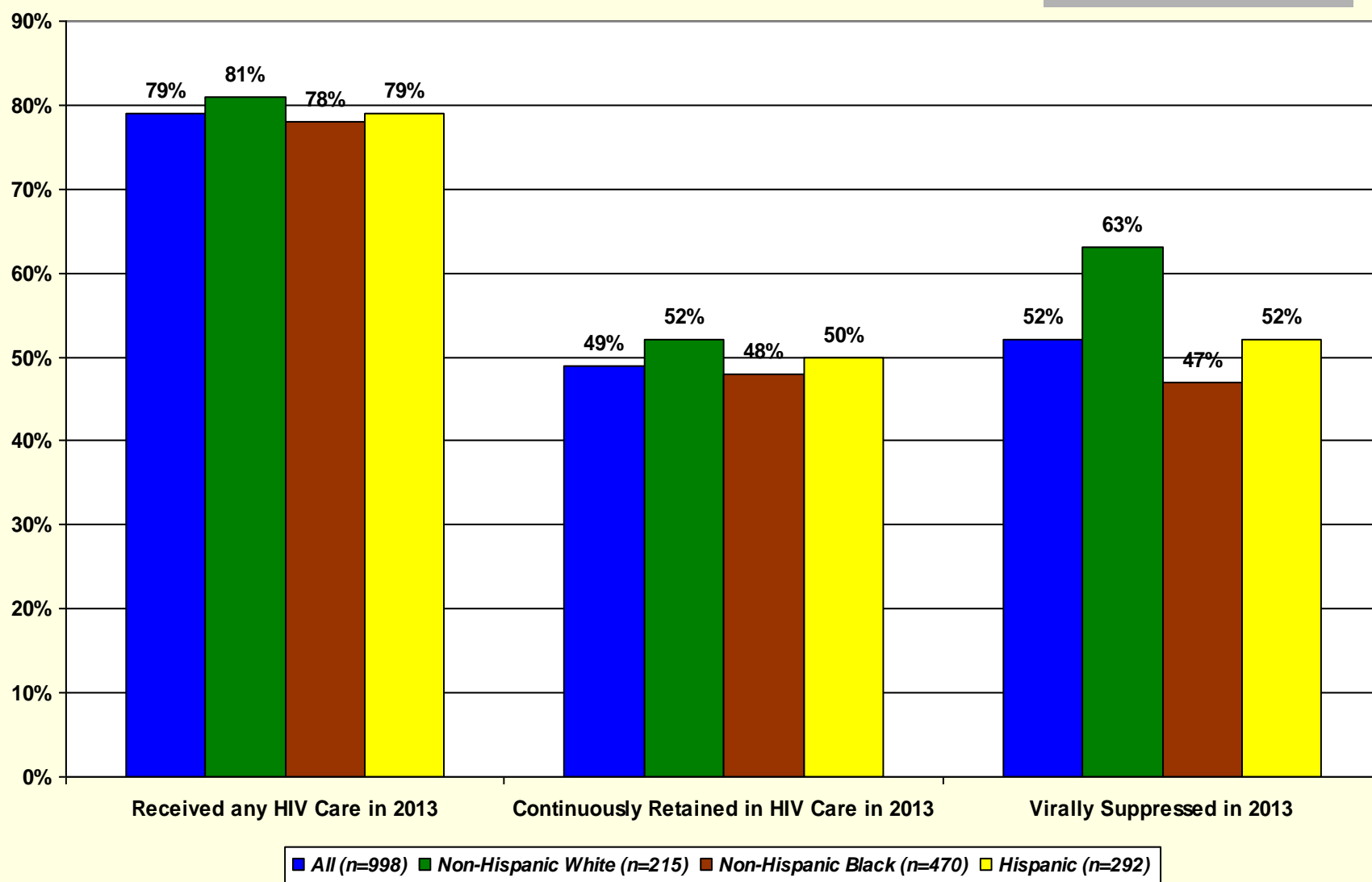
Percent of HIV Continuum of Care: NJ 2013



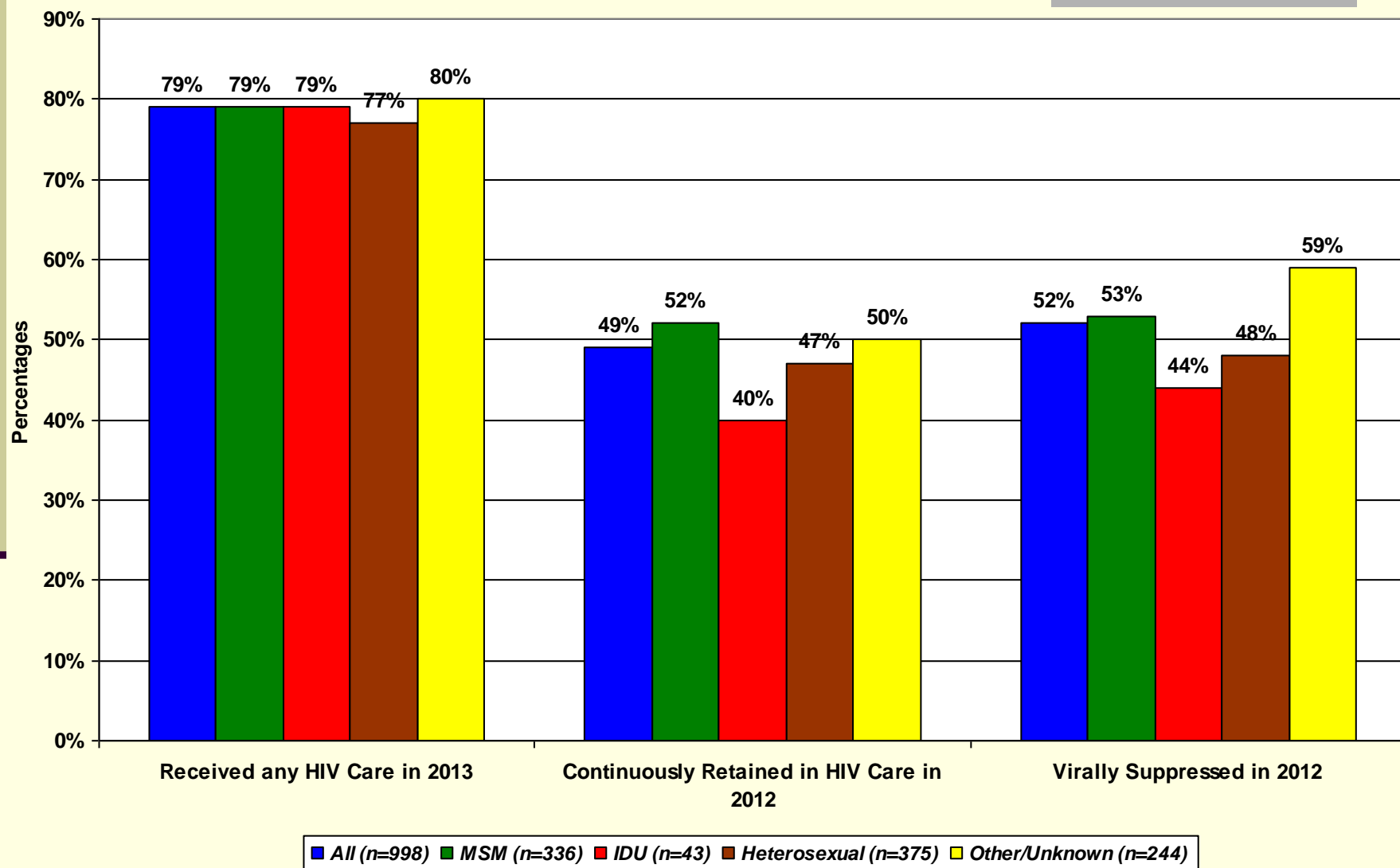
Continuum of HIV Care by Sex: NJ 2013



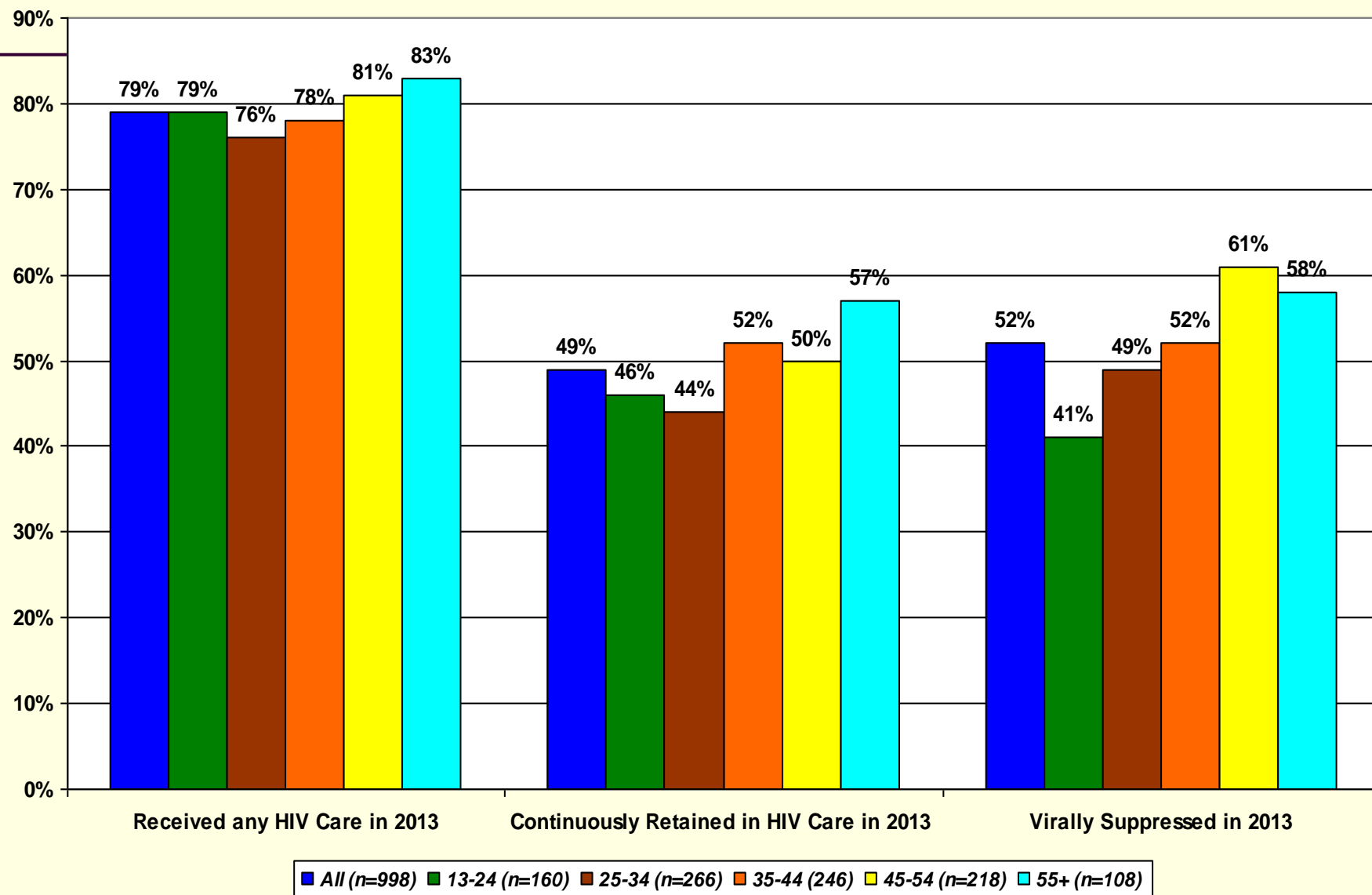
Continuum of HIV Care by Race/Ethnicity



HIV Continuum of Care by Exposure Category



Continuum of care by Age at Diagnosis



Discussion / Limitations

- ❑ 86% of NJ residents diagnosed in 2011 were first linked to care within 12 months of diagnosis; 90% were first linked by June 30, 2014.
- ❑ High percentages of those ever linked (ranging from 86% to 96%) were found for all major population subgroups (by gender, age, race/ethnicity and exposure category).
- ❑ 79% of NJ residents diagnosed in 2011 and living with HIV received any HIV care in 2013.

Discussion / Limitations - continued

- ❑ Nearly half of NJ residents diagnosed in 2011 and living with HIV were continuously retained in care (with at least two CD4/VL, three months apart) in 2013 and 52% achieved suppressed viral loads.
- ❑ Those aged 25-34 at diagnosis have lower percentages for receiving and being continuously retained in care, and those aged 13-24 have lower suppressed VLs than other age groups.

Discussion / Limitations - continued

- ❑ No major differences were observed between males and females in measures of care in 2013.
- ❑ Non-Hispanic Blacks were less likely than other racial/ethnic groups to achieve suppressed VLs.
- ❑ Non-Hispanic Whites had a much higher percentage of suppressed VLs than other racial/ethnic groups.
- ❑ No pronounced differences were found among major risk exposure categories (MSM, IDU & Heterosexuals) in receiving any HIV care, but IDUs had lower percentages of continuous retention in care and suppressed VLs than other risk exposure categories.

Discussion/Limitations - continued

- ❑ Incompleteness of data for laboratory reporting and use of ART result in underestimates for measures of HIV linkage to care and other elements of the continuum of care.
- ❑ Although many laboratories do report all CD4 levels, current NJ law requires only reporting of CD4 counts of <200 or <14%; new regulations will require reporting of all CD4 tests.
- ❑ Treatment data on ART use among those with private insurance may be missing.
- ❑ Unreported mortality data and undetected population movement may affect the estimated level of HIV-related care. (e.g., denominator may include patients who do receive care outside of NJ or died in places such as Latin America where the death certificate may not be obtainable by the NJDOH.
- ❑ Focusing on recent diagnoses (e.g., those diagnosed in 2011) mitigates the effects of out-migration and “lost to follow-up” patients.

THANK YOU